

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 0981129	FILING DATE 3-16-01					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8	1						58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14	1						64					
15		1					65					
16		1					66					
17		1					67					
18	1						68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25	1						75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31	1						81					
32		1					82					
33		1					83					
34		1					84					
35	1						85					
36		1					86					
37		1					87					
38	1						88					
39		1					89					
40		1					90					
41	1						91					
42		1					92					
43		1					93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	27		1				TOTAL IND.		1			
TOTAL DEP.	36		1				TOTAL DEP.		1			
TOTAL CLAIMS	43		1				TOTAL CLAIMS		1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS